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|---|---|------------------|--|-------------------------------------|---------|-------------------------------------|----------|
| SCC eFile | 2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 215507300 | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: BIO-MEDICAL APPLICATIONS OF VIRGINIA, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2015</p> <p>SCC ID NO: F1008152</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | COMMON | 1,000 | |
| CLASS | AUTHORIZED | | | | | | |
| COMMON | 1,000 | | | | | | |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 920 WINTER ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: WALTHAM, MA 02451-1457</p> | | | | | | | |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p> | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM J VALLE TITLE: PRESIDENT ADDRESS: 920 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table> | | | NAME: WILLIAM J VALLE TITLE: PRESIDENT ADDRESS: 920 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
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| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOSEPH RUMA TITLE: VICE PRESIDENT ADDRESS: 15 BLUEBERRY HILL ROAD CITY/ST/ZIP/CO: ANDOVER, MA 01810 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table> | | | NAME: JOSEPH RUMA TITLE: VICE PRESIDENT ADDRESS: 15 BLUEBERRY HILL ROAD CITY/ST/ZIP/CO: ANDOVER, MA 01810 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOLENE VARNEY VICE PRESIDENT 920 WINTER ST WALTHAM, MA 02451 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | PAUL COLANTONIO ASST TREASURER 283 WAVERLEY AVENUE WATERTOWN, MA 02472 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MARIA T.C. GILLIS ASST TREASURER 920 WINTER ST WALTHAM, MA 02451 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | BRYAN MELLO ASST TREASURER 920 WINTER STREET WALTHAM, MA 02451 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | RONALD J KUERBITZ CHAIRMAN 920 WINTER STREET WALTHAM, MA 02451 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DOUGLAS KOTT SECRETARY 97 GLEN STREET SOUTH NATICK, MA 01760 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ANGELO MOESSLANG CFO 920 WINTER ST WALTHAM, MA 02451 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOLIE SPRING ASST SECRETARY 920 WINTER ST WALTHAM, MA 02451 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JESSICA STEWART ASST SECRETARY 920 WINTER ST WALTHAM, MA 02451 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ PAUL COLANTONIO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | | PAUL COLANTONIO, ASST TREASURER PRINTED NAME AND CORPORATE TITLE | |
| | | 2/25/2015 DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |